

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1	1				52					
3			2				53					
4			2				54					
5			2				55					
6			2				56					
7			2				57					
8			2				58					
9			2				59					
10			2				60					
11			2				61					
12			2				62					
13			2				63					
14			2				64					
15			2				65					
16			2				66					
17			2				67					
18			2				68					
19			2				69					
20			2				70					
21			2				71					
22			2				72					
23	4		1				73					
24		1	2				74					
25		1	2				75					
26		1	2				76					
27		1	2				77					
28	1		2				78					
29		1	2				79					
30		1	2				80					
31		1	2				81					
32		1	2				82					
33		1	2				83					
34		1	2				84					
35		1	2				85					
36		1	2				86					
37		1	2				87					
38		1	2				88					
39		1	2				89					
40	1		2				90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		2				TOTAL IND.					
TOTAL DEP.	45		75				TOTAL DEP.					
TOTAL CLAIMS	46		77				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

37

2

79